THE CITY OF NORFOLK
UTILITIES

Division of Water Quality
Office of Cross Connections
6040 Waterworks Road - Norfolk, VA 23502
(757) 441-5774 ext 299
Send completed form to: UTBackflow@norfolk.gov

Backflow Prevention Device Test Report

Business/Owner Name:_____ Phone #:_____

Address/City/State/Zip:_____

Use/Location of Device:_____

Device Type:_____ MANUFACTURER:_____ Model #:_____ Serial #:_____ Size:_____

Line Pressure at Time of Test:_____psi   Circle one: EXISTING/REPLACEMENT/NEW
                                                     Previous Device Serial #:_____

Reduced Pressure Zone Device	Requirement	Initial Test	Repairs	Retest
Check valve #1 Pressure drop across Check valve #1	Closed Tight min. of 5.0 psid	Yes /No (Circle one) psid (A)		Yes /No (Circle one) psid (A)
Check Valve #2	Closed Tight	Yes/No (Circle one)		Yes/No (Circle one)
Differential Pressure Relief Port	Must open c min. of 2.0 psid	Opened @ psid (B)		Opened @ psid (B)
Pressure Buffer	A - B>= 3.0 psid	psid		psid
Double Check Valve Device	Requirement	Initial Test	Repairs	Retest
Check Valve #1	Closed Tight @ Min. of 1.0 psid	Yes/No (Circle one) psid		Yes/No (Circle one) psid
Check Valve #2	Closed Tight @ MM. of 1.0 psid	Yes/No (Circle one) psid		Yes/No (Circle one) psid
Pressure/Anti-Spill Vacuum Breaker	Requirement	Initial Test	Repairs	Retest
Air Inlet	Opened @ min. of 1.0 psid	psid		psid
Check Valve	Pressure Drop/ Differential @ mm. of 1.0 psid	psid		psid

Remarks_____

Certification: A NEW OR REPLACEMENT DEVICE REQUIRES A PERMIT. I have made the above test and hereby certify that this backflow prevention device performed satisfactorily and meets all federal, state and local codes and regulations as required.

Tester Name:_____ Date:_____
                    (Print)   *(Signature)*

Test Kit Serial Number:_____Calibration Date:_____

License/Certificate (Circle One): DPOR/Norfolk/Other:_____License #:_____Expiration Date:_____

ReTester Name:_____Date:_____
                    (print)   *(signature)*
Test Kit Serial Number:_____Calibration Date:_____

License/Certificate (Circle One): DPOR/Norfolk/Other:_____License #:_____Expiration Date:_____

Testing Company _____Phone #_____

Company Address:_____ City:_____ State:_____ Zip:_____
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